

Application Date:				
Application No.:				
☐ Renewal	□ New			

## **Application for an Apartment License**

All information requested must be furnished (please type or print clearly, incomplete or illegible applications will be returned)

	NAME OF APARTMENT COMPLEX			
PLEASE PRINT				
	NUMBER, STREET, CITY, STATE, & ZIP			
	NAME	MAILING ADDRESS — IF DIFFERENT FROM ABOVE	TELEPHONE NUMBER	
PROPERTY	LAST		WORK	
	FIRST		HOME	
MANAGING	LAST		WORK	
AGENT (IF APPLICABLE)	FIRST		HOME	
RESIDENT MANAGER	LAST		WORK	
	FIRST		HOME	
Number of U	Jnits at	\$30.00 per unit = TOTAL FEE		
		application and know the same is true and correct and that in and ordinances will be complied with whether herein specif		
Applicant's S	nt's Signature Title			
Date	Davtime Phone Number			